PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

Inder the Panelwork Reducti	on Act of 199	no persons are rec	uired to re					MB control number	
Franchis Effective on 12/08/2004.				Complete if Known					
FEE TRANSMITTAL FOR FY 2005 Applicant claims small entity status. See 37 CFR 1.27				Application Number 10/		0/092,325			
				Filing Date Ma		March 6, 2002			
				First Named Inventor		Herbert A. Little			
				Examiner Name Sh		Shah, Kamini S.			
				Art Unit		2142			
TOTAL AMOUNT OF PAYMENT (\$) 950.00				Attorney Docket	No. 555	55255-012307			
METHOD OF PAYMEN	T (check al	l that apply)	A						
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 501432 (555255012307) Deposit Account Name: Jones Day									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEAF	RCH. AND	EXAMINATION	FEES						
,,, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FILING	FEES		RCH FEES		TION FEE			
Application Type	Fee (\$)	Smail Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Y Fee	s Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0		0				
		100	U	0	U	0	Small Fi	ntity	
2. EXCESS CLAIM FEES Fee Description							Small Entity (i) Fee (\$)		
Each claim over 20 (including Reissues)							25	-	
Each independent claim over 3 (including Reissues)						200	100	ı	
Multiple dependent claims						360	180		
Total Claims							Multiple Dependent Claims		
20 or HP =	3	x <u>50</u>	_=	<u>150.</u>		<u>Fee (\$</u>	<u>Fee</u>	Paid (\$)	
HP = highest number of tota	•	-		Daid (E)				0	
Indep. Claims 7 - 3 or HP =	Extra Clair		_ <u>re</u>	<u> Paid (\$)</u> 800					
HP = highest number of inde	pendent claim	x <u>200</u> s paid for, if greater t	 than 3.	800					
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 C	FR 1.52(e)), the application	n size fe	e due is \$250 (\$	\$125 for sm	all entity)	for each add	litional 50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =									
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S)								Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):									
Otner (e.g., late filin	g surcharge	e):						· · · · · · · · · · · · · · · · · · ·	
SUBMITTED BY									
Registration No. (Attorney/Agent) 40,511							Telephone 216/586-7747		
Name (Print/Type) John V. Biernacki							Date August 22, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Name (Print/Type) John V. Biernacki